

# ESBL STUDY

## FIELD DATA COLLECTION FORM

ID NO.....

DATE.....

Age.....

Sex.....

Parish.....

Subcounty.....

OPD.....

HC.....

HSD.....

District.....

Reason for hospital

Visit.....

H/O treatment (recent past)

Duration	Drug(1)	Drug(2)	Drug(3)	Drug(4)
Current week				
1 week ago				
2 weeks ago				
3 weeks ago				
4 weeks ago				
5 weeks ago				
6 weeks ago				
7 weeks ago				
8 weeks ago				

(If patient treated more than 8 to 12 weeks ago indicate drug at bottom of the table)

History of admission in the last 3 month?

Y/N (tick)

History of medical procedure last 3 month? (Some description) 4-5

Words).....

Signature.....print Name.....